

Appendix E: Participant Direction of Services

Applicability (from Application Section 3, Components of the Waiver Request):

- ☒ **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- ☐ **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested (select one):

- ☐ **Yes. The State requests that this waiver be considered for Independence Plus designation.**
- ☒ **No. Independence Plus designation is not requested.**

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

- a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

General Description of the Self-Direction Option.

Persons living in a natural home or private residence may choose to self direct some or all of their waiver services via an agency with choice model. There are no age restrictions for persons who may self-direct their services. Recipients who self-direct may exercise increased control of their resource allocation and increased control over the schedule of service delivery and the persons who provide their direct support. Service agreements between the provider agency with a DDP contract and the individual are designed to be flexible. Staff providing direct services must be approved by the recipient and/or designated representative, legal guardian or family member. Recipients in self-directed services may choose to participate with the agency with a DDP contract in the recruiting and hiring process for staff providing the direct services. The agency serves as the legal employer for all staff providing self-directed services. Persons who elect to self-direct may access any waiver service for which they are eligible, in accordance with an approved plan of care.

Case managers will be a critical role in the sharing of information to waiver recipients regarding self-directed service options. Case managers will review the Waiver 5 Freedom of Choice form and the supplemental addendum form with every service recipient potentially eligible to self direct their services, as defined in section E-1:C. This activity will occur prior to 6/30/08 and annually thereafter. Individuals interested in pursuing the self-directed option and needing more information may access more details from their case manager. Information will also be made available from the DDP website and from DDP staff. Individuals who elect to self-direct their services will be assisted in doing so by their case manager, who will schedule a planning meeting for this purpose. Persons choosing to self direct will be assisted by their service provider and case manager in establishing the level of client involvement in the recruiting and hiring staff, choice of available case management options. Persons choosing to self-direct may opt out of this option at any time, and receive services under the traditional model of service delivery.

Advantages With Self-Directed services:

*All direct support staff are approved by the recipient and/or his representative prior to the provision of services. The recipient and others acting on his behalf may elect to assume an active role with the agency provider in the recruiting and hiring of support workers. In many cases, the direct support workers could be family friends, relatives, or members of the recipient's immediate family. In this event, all workers must become employees of the agency providing self-directed services before they can be reimbursed for the provision of direct services.

Service Components for Individuals Who Self-Direct

Case Management- Case management is an available service for all waiver recipients, including those recipients who self-direct. The qualified provider standards for case management services (both State Plan and waiver-funded) remain unchanged. Persons between the ages of 0 and 15 in need of case management will receive the service from a Family Support Specialist; the State has no State Plan case management option available for children in this age group. Persons aged 16 and older are eligible for State Plan adult targeted case management, and recipients may choose this form of case management in lieu of case management delivered by a Family Support Specialist.

Other Waiver Services for Persons who Self-Direct

Services that a client may choose to self-direct are indicated in Appendix C. All other waiver services may be purchased through the agency with a DDP contract. All agencies with a DDP contract will be required to meet the requirements of an OHCDs, and will be designated as such in their DDP contract. This enables the agency to provide third party services from other entities if requested by the service recipient. The rate paid to the recipient's provider agency for third party services cannot exceed DDP's standardized rate for direct payment for these services. There is no duplication of payment (pass through funding) in the coordination of third party services. The OHCDs function optimizes the ability of the recipient to choose their direct services staff and supports.

The recipient is not required to use their primary provider agency for the purchase of third party services. If requested by the recipient, the DDP will reimburse the alternative service provider directly, in accordance with the recipient's plan of care, individual cost plan and Appendix B of the alternative service provider's DDP contract. In this case, the recipient is considered to be self-directing some, but not all, of their services.

Case managers will review the Waiver 5 Freedom of Choice form and the supplemental addendum form with every service recipient potentially eligible to self direct their services, as defined in section E-1:C. This activity will occur effective 7/1/08 and annually thereafter. Individuals interested in pursuing the self-directed option and needing more information may access more details from their case manager. Information will also be made available from the DDP website and from DDP staff. Individuals who elect to self-direct their services will be assisted in doing so by their case manager, who will schedule a planning meeting for this purpose. Persons choosing to self direct will be assisted by their service provider and case manager in establishing the level of involvement in the recruiting and hiring of staff and documenting choice from the available case management options. Persons choosing to self-direct may opt out of this option at any time, and receive services under the traditional model of service delivery.

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- b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

- ☐ **Participant: Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- ☐ **Participant: Budget Authority.** As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- ☐ **Both Authorities.** The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

- ☒ Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.
- ☒ Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.
- ☒ The participant direction opportunities are available to persons in the following other living arrangements

Specify these living arrangements:

Persons in natural homes or private residences in which the delivery (or lack of delivery) of supervision and support to one recipient would have no bearing on the delivery (or the lack of delivery) to other waiver recipients receiving services from common direct support workers are considered eligible candidates for self-direction. This precludes the self-direction option for persons living in congregate settings such as group homes, where the staff person might be responsible for providing direct supervision to more than one recipient concurrently. In congregate service settings, the schedule of service delivery depends on the support needs of the group at any point in time.

The self-direction option would be appropriate for a person with service needs who lives with their natural family, or in a private residence (an apartment) or in a foster home whereby the recipient's choice of service, support worker and schedule of service delivery would have no adverse impact on another waiver recipient. For this reason, the self-directed service option will generally work best for one person with varying support needs, or for two (or perhaps three) persons with less intensive support needs sharing the same apartment, foster home, natural home or private residence. The living arrangements of persons must be reviewed on an individual basis by the assigned case manager before the self-direction option can be offered.

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d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

- ☐ Waiver is designed to support only individuals who want to direct their services.
- ☐ The waiver is designed to afford every participant (or the participants representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.
- ☒ The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

Persons of all ages may choose to self direct their services if they meet the residential living requirements as outlined in E-1:c.

Recipients will be granted this option if the following conditions are met:

*The applicant has identified a provider willing to assist the recipient in self-directing their services. The case manager will assist the recipient in explaining the services the recipient would like to self-direct with the provider of choice. The case manager will review the proposed plan with the provider chosen by the client, to determine the feasibility. If the provider is willing to provide services in accordance with the expressed desires of the recipient, the case manager will schedule a planning meeting.

*The applicant's planning team reviews and approves the proposed self direction plan. The proposal would also require approval by the DDP Regional Manager.

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- e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

Information Provided to All 0208 Waiver Recipients

The self directed service option is available to all persons currently enrolled in the 0208 Waiver. A recipient's DDP resource allocation does not change as a function of enrollment in this service option. The self-directed option is briefly outlined to the recipient as part of the planning process and is reviewed by the recipient, representative (if applicable) and case manager prior to the annual planning meeting. A reference to the self-directed service option is included on the 2007 Waiver 5 Freedom of Choice Form and the supplemental addendum form. This form is completed annually with the recipient and or his representative by the assigned DDP QIS or case manager. Recipients, representatives, and/or family members expressing interest in self-directing services may request a copy of the DD Self Directed Waiver Option handout, based on waiver language in Appendix E, from their case manager. This document is also available on the DDP website. The handout outlines the benefits of self-direction, the responsibilities of the participant and others and the guidelines for enrollment, continued participation and dis-enrollment. Recipients and their representatives and/or family members desiring a more active role in the selection of their support workers, and/or increased flexibility in scheduling their supports may be interested in choosing the self directed service option.

The self directed enrollment requirements are included in the handout. The recipient's case manager may be asked by the recipient, representative and/or family to provide assistance in any of the following activities:

- scheduling a planning meeting to initiate a self-directed service option.
- helping the recipient select a willing service provider.
- providing any other requested assistance related to initiating the self-directed option.

The planning document for self-directed services implementation (e.g., PSP or IFSP) includes a narrative section describing the projected use of the resource allocation, services to be provided, proposed schedule and timeframes, a description of how health and safety issues will be addressed, including back up, emergency and on-call systems, the role of the primary service provider, the role of the case manager, the role of the Family Support Specialist or CTS worker if caregiver training and support is requested and the responsibilities of the recipient and/or his representative. The planning document must be signed off by the prospective provider agency, case manager, the recipient and/or representative and the legal guardian, if applicable.

The planning document is then reviewed for approval by the DDP Regional Manager. Current providers of services may require the recipient to give notice of intent to port, if the recipient chooses a new service provider as the primary service delivery agency.

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- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

- ☐ The State does not provide for the direction of waiver services by a representative.
- ☒ The State provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: (*check each that applies*):

- ☒ Waiver services may be directed by a legal representative of the participant.
- ☒ Waiver services may be directed by a non-legal representative freely chosen by an adult participant.

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

A recipient may freely choose a non-legal representative. The representative is approved by the planning team and will function as the representative as long as planning team members are in consensus that the representative continues to make decisions in the recipient's best interest. A representative is not paid for his or her services.

The personal representative has the same decision making authority as the recipient, as long as the personal representative continues to serve at the request of, and on behalf of, the recipient. The recipient, and/or his legal guardian have the right to limit or terminate the authority of a personal representative, or appoint a new personal representative, at any time, for any reason.

The planning team has the right and the obligation to determine if the personal representative continues to function in the best interests of a recipient. This issue should be reviewed annually as part of the planning process.

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- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Supported Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Respite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychological Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Private Duty Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caregiver Training and Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Respiratory Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Companion Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Residential Habilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Meals	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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- h. **Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

☐ **Yes. Financial Management Services are furnished through a third party entity.** (Complete item E-1-i).

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

☐ **Governmental entities**

☐ **Private entities**

☒ **No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.**
Do not complete Item E-1-i.

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- i. **Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

Answers provided in Appendix E-1-h indicate that you do not need to complete this section.

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- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

☒ **Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:

Adult Targeted DD Case Management under the Montana State Plan

Case Management duties as outlined under the State Plan include:

A. Service Coordination

1. Assessment and evaluation of the appropriateness and need for case management and other community services for which an individual might be eligible.
2. Assistance in accessing and obtaining needed services as requested by an individual.
3. Assisting the person's actual entry into services.
4. Monitoring and follow up of services received by the individual.

B. Coordination, Development and implementation of a Comprehensive Individual Service Plan

1. Development, facilitation, coordination and monitoring of the service plan.

C. Crisis Intervention and assistance to an individual during a crisis cycle

1. The case manager will convene the planning team to discuss appropriate action which could include rights restriction, behavior intervention medical review, additional staff, or other response.
2. If the incident involves suspected abuse, neglect an/or exploitation of the individual, the case manager will report the incident to designated authorities.
3. When commitment to an institution is being sought, the case manager will coordinate the provision of information to the appropriate people.

D. Quality of Life

1. Building of personal relationships, communication, trust and a basic understanding of the individual as a unique human being.
2. Getting an understanding for how the person is doing or for how they want to be doing.
3. Conducting the consumer satisfaction surveys.

Case Management funded as a waiver service may be provided by a Family Support Specialist to waiver recipients in family settings between the ages of 0-15, and through 21 at the option of the recipient. This service is defined as Waiver-funded Children's Case Management (WCCM). The service definition may be reviewed in Appendix C-3.

Specific case management services provided to persons interested in or receiving self directed services may be reviewed in section E-1:e.

- ☒ **Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Supported Employment	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Individual Goods and Services	<input type="checkbox"/>
WCCM- Waiver-funded Children's Case Management	<input checked="" type="checkbox"/>
Environmental Modifications/Adaptive Equipment	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>
Respite	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>
Private Duty Nursing	<input type="checkbox"/>
Assisted Living	<input type="checkbox"/>
Adult Foster Support	<input type="checkbox"/>

	<input type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>
Caregiver Training and Support	<input type="checkbox"/>
Respiratory Therapy	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>
Community Transition Services	<input type="checkbox"/>
Adult Companion Services	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>
Dietician	<input type="checkbox"/>
Residential Habilitation	<input type="checkbox"/>
Meals	<input type="checkbox"/>

- ☐ **Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:

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k. Independent Advocacy (select one).

- ☒ No. Arrangements have not been made for independent advocacy.
- ☐ Yes. Independent advocacy is available to participants who direct their services.

Describe the nature of this independent advocacy and how participants may access this advocacy:

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- l. **Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Dis-enrollment from self-directed services for the purpose of enrollment in traditional services is always an available option for persons choosing to self direct their services. There is flexibility within this service for family members to choose the level of their involvement in the recruiting, selection and hiring of the direct support staff. Families are always free to choose a new service provider, as reviewed annually on the Waiver 5 Freedom of Choice form.

Individuals and/or their representatives choosing to dis-enroll from the self-directed service option would contact the assigned case manager to schedule a planning meeting. This meeting would determine precisely what the individual wants with their resource allocation in a traditional model of service delivery. The recipient would need to choose between two options:

1. Keep the existing agency provider and purchase traditional waiver services through this provider, or
2. Choose one or more new service providers to provide traditional waiver services.

It is possible that some self-directed recipients will choose to dis-enroll from a self-directed service option because self-directed services are limited to persons living in a natural family setting or in their own private residence as outlined in Section E-1:c. Persons in self-directed services who later choose to live in a congregate service setting (e.g., a DD group home) would be required to dis-enroll from self-directed services in order to access the desired residential service.

Under no circumstances will ongoing waiver-funded services be reduced or terminated if an individual is seeking a new provider, or seeking a traditional waiver service delivery model.

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- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provide-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

It is possible that a service recipient in self-directed services and/or the representative or family may not cooperate with, abide by, or utilize the services as outlined in the plan of care. In this event, a special planning meeting would be held by the case manager to discuss the issues involved with, for example, non-utilization of services. In this event a plan would be developed and implemented, serving to give the recipient an opportunity to remain in self-directed services for a specified time period, contingent upon the recipient meeting agreed upon benchmarks written into the approved plan.

In the event that health/safety issues pose undue risk to the recipient or others, and immediate intervention is deemed necessary by the team, the individual would be immediately enrolled in traditional services. Additional supports deemed necessary by the planning team to ensure the health and well-being of the recipient would be provided. For example, the planning team may request crisis grant funds from the DDP to increase the amount of direct care staffing provided to the recipient. Continued refusal by the participant and/or his representative to address basic health and safety needs in traditional waiver services could result in the need for the team to initiate referrals to other agencies for the purpose of placement in a more appropriate setting. Waiver services would continue until a more appropriate living arrangement is made available.

A recipient whose basic health and safety needs cannot be adequately addressed in the opinion of the case manager and service provider may not remain in waiver services. In this event, placement in a residential treatment facility or ICF-MR may be required.

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- n. Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1		350
Year 2		350
Year 3		350
Year 4 (renewal only)		350
Year 5 (renewal only)		350

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E-2: Opportunities for Participant Direction (1 of 6)

- a. **Participant - Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

Participant/Co-Employer. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-Approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

- ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

Recruit staff

Refer staff to agency for hiring (co-employer)

Select staff from worker registry

Hire staff common law employer

Verify staff qualifications

Obtain criminal history and/or background investigation of staff

Specify how the costs of such investigations are compensated:

- ☐ Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.
- ☐ Determine staff duties consistent with the service specifications in Appendix C-1/C-3.
- ☐ Determine staff wages and benefits subject to State limits
- ☐ Schedule staff
- ☐ Orient and instruct staff in duties
- ☐ Supervise staff
- ☐ Evaluate staff performance
- ☐ Verify time worked by staff and approve time sheets
- ☐ Discharge staff (common law employer)
- ☐ Discharge staff from providing services (co-employer)
- ☐ Other

Specify:

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E-2: Opportunities for Participant-Direction (2 of 6)

b. Participant - Budget Authority *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

- ☒ Reallocate funds among services included in the budget
- ☒ Determine the amount paid for services within the State's established limits
- ☒ Substitute service providers
- ☒ Schedule the provision of services
- ☒ Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3
- ☒ Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3
- ☒ Identify service providers and refer for provider enrollment
- ☒ Authorize payment for waiver goods and services
- ☒ Review and approve provider invoices for services rendered
- ☒ Other

Specify:

The methodology used to authorize payments for services, and to review and approve reimbursements to direct workers based on the delivery of agreed upon services will vary depending on the category of service. The delivery of services is based on the Individual Cost Plan (ICP) and the planning document. All services outlined in the ICP document will correspond to a need outlined in the plan of care.

For families receiving waiver-funded children's case management and other waiver services as outlined in the individual cost plan, budget authority as outlined in E-2:b:i (above) is integral with the provision of the broad array of family based children's waiver services collectively referred to as Intensive Family Education and Support (IFES).

For adults choosing to self-direct in family and private settings, and currently receiving adult targeted case management under the Montana State Plan, self-direction can give the recipient, his representative, or family members acting on his behalf additional authority, as desired, to more fully manage the delivery of services. With additional authority comes additional responsibility.

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b. Participant - Budget Authority

- ii. **Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Individuals enrolled in Intensive Family Education and Supports and receiving WCCM as their case management service are enrolled in self-direction with budget authority. The historical resource allocation for the individual is used in Year 5 of the 0208.90.R2.03 Waiver, unless changing needs would necessitate an increase or decrease in the resource allocation. The same resource allocation methodology applies to adults receiving adult targeted case management who choose to self-direct.

Methods for allocating funding to an individual have changed as a result of the integration of the five DDP Regions into the rates methodology system effective 7/1/08. Typically, an enrolled service recipient's annualized cost plan does not change unless the person's immediate service needs change significantly. The value of the individual cost plan for a newly enrolled recipient is based is derived from the Montana Resource Allocation (MONA) tool.

The rates system methodology, including the MONA, rates for specific services and the AWACS billing and payment system continues to be a work in progress. The target date for statewide application of the rates system is July 1, 2008. The current MONA methodology, rates and the AWACS detail design is available upon request. The DDP policy memo entitled "Policy on Relationship of MONA, PSP and ICP Processes" dated 8/13/07 explains how these features are currently incorporated in the rates methodology regions.

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b. Participant - Budget Authority

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Currently, all waiver recipients and persons acting on their behalf are informed of the details of the recipient's Individual Cost Plan (ICP). The cost plan details are based on the outcome of the planning process, which, in turn, is based on assessments and the expressed desires of the recipient. The ICP functions as the contractual basis between the recipient, the provider, and the DDP in the delivery of services.

If the quantity and type of services outlined in the cost plan are not considered adequate in meeting the needs of the recipient, additional funds may be requested on behalf of the recipient, family or agency providing the services by the case manager or by service provider agency staff. Requests for additional funding go to the

DDP Regional Manager. Funds are available for the purpose of adjusting cost plans with either regional discretionary funds or crisis pool funds.

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b. Participant - Budget Authority

iv. Participant Exercise of Budget Flexibility. *Select one:*

- ☐ Modifications to the participant directed budget must be preceded by a change in the service plan.
- ☒ The participant has the authority to modify the services included in the participant directed budget without prior approval.

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

Both of the above boxes could be checked; the recipient has some, but not unlimited, authority to modify the delivery of services in the cost plan without prior approval.

The participant has the capacity to move funds between services outlined in the cost plan, but changes in the service categories to be delivered (e.g., the family has decided that all service dollars will henceforth be allocated to respite) would require approval in the plan of care. Individuals who self-direct may opt to receive more services in one month or week and fewer services the next week, or more of one service and less of another (e.g., more homemaker and less respite). These changes can be made without prior approval in the plan of care. The service provider is responsible for monitoring the expenditure of the recipient's annual resource allocation, and for advising the recipient or representative if adjustments are needed in spending patterns to prevent a shortfall prior to the end of the fiscal year.

In some cases, large expenditures can be safely made in lieu of the temporary withholding of other services approved in the plan of care. For example, a family may choose to forego accessing respite for two months, if a primary need is a wheelchair ramp for a non-ambulatory waiver recipient. The prioritization of the use of funds within the confines of an annual budget represents increased freedom to make spending decisions. With this freedom comes the responsibility to exercise good judgement. It is often up to the case manager or service provider to provide consultation on such spending decisions. Generally, if the provider or case manager has concerns regarding health and safety issues stemming from the changing needs of a service recipient, or concerns stemming from changes in spending patterns within the recipient's budget, a planning meeting would be called and these concerns would be addressed.

In situations where the primary service provider agency is purchasing third party services on behalf of the recipient through another provider, contract changes with the third party provider are not made. In situations where a recipient has chosen to purchase these services directly from another DDP-funded agency (e.g., the recipient is self-directing some, but not all, of his services) changes in the delivery of these services would require both prior approval and an Appendix B contract amendment with the alternative service provider.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

b. Participant - Budget Authority

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

This item is addressed in the previous section. This issue of expenditure safeguards becomes more significant when the recipient functions as the employer of the direct support worker, and purchases fiscal management services from an agency that may not be providing any other direct support services.

Under the current model, the fiscal management agency will likely provide most if not all of the recipient's waiver services. For this reason, it is reasonable to expect that tracking the percentage of the expended budget as compared with the percentage of time remaining in the calendar year is not likely to be problematic. For the same reason, underutilization of services can contribute to the financial hardship of the primary service provider agency. Services that cannot be delivered cannot be invoiced and reimbursed. For this reason, recipients who fail to accept services as outlined in the plan would normally receive counsel from agency staff and/or the case manager. Continued failure to use services as outlined in the plan can result from several root causes, any of which could constitute a need for the planning team to meet.